			FCC Form
Mobility	r Fund		Approved by OMB
Phase 1	- §54.1009 Annual Reporting		OMB 3060-1185
Data Co	llection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	618346	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2019	
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Nierman	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2024578815 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cnierman@gci.com	

<040>	Has the in	formation required pursuant to §54.1009 been provided with a Form 481 filin	ng (Y/N) <040>	O
	<041>	Attach a description of the documents filed with the Form 481 reporting	<041>	Form481GCICommunicationsCorp618346.pdf
	<042>	Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	619014

<080>	Tribal Lands Reporting (y/n?)	(Does this study area cover tribal lands? Yes or No)	\odot)
			\sim	/

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<035> Contact Telephone I	mber 15 GC ier Name GC D Box) 25 Ar Ak 99 20 Gr	in data line <030> d in data line <030> 568880 CI Communication C CI Communication C 550 Denali St, Suinchorage	Corp	
 <015> Study Area Name <020> Program Year <030> Contact Name - Pers <035> Contact Telephone I <039> Contact Email Addre porting Carrier / Mobility Full <110> FCC Registration Null <111> Filing Carrier Name <112> Winning Bidder Carr <113> Street Address (or Program Progr	Number - Number of person identified as - Email Address of person identified and Phase 1 Winning Bidder The material a	in data line <030> din data line <030> din data line <030> 568880 CI Communication C CI Communication C CI Communication C C Communication C C C C C C C C C C C C C C C C C C C	GCI Communication Corp. 2019 Chris Nierman 2024578815 ext. cnierman@qci.com	
 <020> Program Year <030> Contact Name - Pers 	Number - Number of person identified as - Email Address of person identified and Phase 1 Winning Bidder The material a	in data line <030> din data line <030> din data line <030> 568880 CI Communication C CI Communication C CI Communication C C Communication C C C C C C C C C C C C C C C C C C C	2019 Chris Nierman 2024578815 ext. cnierman@qci.com	
co35> Contact Telephone I co39> Contact Email Addre porting Carrier / Mobility Fun contact Email Addre contact Endome contact Endom	Number - Number of person identified as - Email Address of person identified and Phase 1 Winning Bidder The material a	in data line <030> din data line <030> din data line <030> 568880 CI Communication C CI Communication C CI Communication C C Communication C C C C C C C C C C C C C C C C C C C	2024578815 ext. cnierman@qci.com Corp	
cossystem Carrier / Mobility Functions Carrier / Mobility Functions Carrier / Mobility Functions Carrier / Mobility Functions Carrier Name Carrier Name Carrier Name Carrier Name Carrier Address (or Proceedings of Proceedings Carrier Name C	ier Name O Box) Ar Ar Ar Ar Ar Ar Ar Ar Ar A	din data line <030> 568880 CI Communication C CI Communication C 550 Denali St, Sui nchorage K 9503 024578815 ext.	cnierman@qci.com Corp	
porting Carrier / Mobility Functions 110> FCC Registration Nunctions 111> Filing Carrier Name 112> Winning Bidder Carrical Street Address (or Proceed of Proceed o	nd Phase 1 Winning Bidder mber 15 GC ier Name O Box) AR 99 20 90 CT	568880 CI Communication C CI Communication C 550 Denali St, Sui nchorage K 9503 024578815 ext.	Corp Corp	
<110> FCC Registration Nur <111> Filing Carrier Name <112> Winning Bidder Carr <113> Street Address (or Pr <114> City <115> State <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address 1140 Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pr <123> City <124> State <125> Zip-Code	mber 15 GC ier Name GC D Box) 25 Ar Ak 99 20 Gr	CI Communication C CI Communication C 550 Denali St, Sui nchorage K 9503 024578815 ext.	Corp	
<111> Filing Carrier Name <112> Winning Bidder Carr <113> Street Address (or Pi <114> City <115> State <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address 1100 Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code	ier Name O Box) Ar. AR. 95 20 0 cr.	CI Communication C CI Communication C 550 Denali St, Sui nchorage K 9503 024578815 ext.	Corp	
<112> Winning Bidder Carr <113> Street Address (or Pr <114> City <115> State <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address **Tact Information** if same as above, ince <120> Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pr <123> City <124> State <125> Zip-Code	ier Name O Box) 25 An Ak 99 20 cn	CI Communication C 550 Denali St, Sui nchorage K 9503 024578815 ext.	Corp	
<113> Street Address (or Potential City <115> State <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address **Manage of Same as above, ince <120> Name (First, MI, Last) <121> Filing Carrier Name <122> Street Address (or Potential City <123> City <124> State <125> Zip-Code	25 Ar. Ak. 99	550 Denali St, Sui nchorage K 9503 024578815 ext.		
<114> City <115> State <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address **Market Information** if same as above, ind <120> Name (First, MI, Last) <121> Filing Carrier Name <122> Street Address (or Pick) <123> City <124> State <125> Zip-Code	D Box) 25 Ar Ak 99 20 cr	550 Denali St, Sui nchorage K 9503 024578815 ext.		
<115> State <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address **ntact Information** if same as above, inc <120> Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code	20 90 cm	K 9503 024578815 ext.		
<115> State <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address **ntact Information** if same as above, inc <120> Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code	99 20 90 en	9503 024578815 ext. 078689817		
<116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address **Matter Information** if same as above, inc <120> Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code	99 20 90 en	9503 024578815 ext. 078689817		
<117> Telephone Number 118> Fax Number 119> Email Address Intact Information if same as above, inc 120> Name (First, MI, Last 121> Filing Carrier Name 122> Street Address (or Piccel Street Address (or Piccel State) 123> City 124> State 125> Zip-Code	20 90 Cr	024578815 ext. 078689817		
<118> Fax Number <119> Email Address **ntact Information** if same as above, inc. <120> Name (First, MI, Last. <121> Filing Carrier Name <122> Street Address (or Pol. <123> City <124> State <125> Zip-Code	90 cr	078689817		
x119> Email Address ntact Information if same as above, incomplete x120> Name (First, MI, Last) x121> Filing Carrier Name x122> Street Address (or Proceed of the Complete of the Comple	cr			
ntact Information if same as above, ind <120> Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code	_	nierman@gci.com		
if same as above, ind <120> Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code				
<120> Name (First, MI, Last <121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code				
<121> Filing Carrier Name <122> Street Address (or Pi <123> City <124> State <125> Zip-Code	dicate in this box			
<122> Street Address (or Po <123> City <124> State <125> Zip-Code	t, Suffix)	nris Nierman		
<123> City <124> State <125> Zip-Code		CI Communication Co	orp	
<123> City <124> State <125> Zip-Code	O Box)	550 Denali St. Suit	to 1000	
<124> State <125> Zip-Code	· ·	nchorage	12 1000	
<125> Zip-Code	-			
•	AK			
LEIGHTIONE MUNICHE		9503		
·	20:)24578815 ext.		
<127> Fax Number	90	78689817		
<128> Email Address	cn	nierman@gci.com		
thorized Agent Information				
if no agent, indicate				
<130> Name (First, MI, Last	, Suffix)			
<131> Company	_			
<132> Street Address (or Pe	O Box)			
<133> City	<u> </u>			
<134> State				
<135> Zip-Code				
<136> Telephone Number				
<137> Fax Number				
<138> Email Address				

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year 01/2018 - 12/2018	

618346_CPRd_AK.zip

formace attachments

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
	State	County		Resident Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block	,	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				S	See attach	ed worksl	neet			

	99		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: CERTIFIED ONLINE Date 06/25/2019 Signature of Authorized Officer: Carren Walters Printed name of Authorized Officer: Chief Accounting Officer Title or position of Authorized Officer: 9078687025 ext. Telephone number of Authorized Officer: 618346 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	e an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repo	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
elephone number of Authorized Agent or Employee of Age				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

(080) Triba	al Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185	
				Page 5 of 8
<010>	Study Area Code		618346	
<015>	Study Area Name		GCI Communication Corp.	
<020>	Program Year		2019	
<030>	Contact Name - Person USAC should contact regarding	this data	Chris Nierman	
<035>	Contact Telephone Number - Number of person identifi		2024578815 ext.	
<039>	Contact Email Address - Email Address of person identif		cnierman@qci.com	
	·		011101	
<142>	State	AK		
		-		
		Nome Census Area		
<143>	County			
		Alaska		
<144>	Tribal Land(s) on which ETC Serves			
1211				
		618346_TLRa5_AK.pdf		
<145>	Tribal Government Engagement Obligation			
-	2 2 0.02 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Name of Attached Docum	ent (.pdf)	
		,		

Select

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<200>	Date Authorized to Receive Support	03/13/2015
<201>	Targeted Completion Date	03/14/2017
<202>	Total Mobility Fund Support Awarded	4586526.00
<203>	Total Mobility Fund Support Disbursed	4503968.53
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	618346_PSD_AK.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<u></u>
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<u></u>
<217>	Project Plan Status	<u> </u>
	•	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Cer	tification - Reporting Carrier	FCC Form 690		
			Approved by OMB	
			OMB Control No. 3060-1185	
			Page 7 of 8	
<010>	Study Area Code	618346		
<015>	Study Area Name	GCI Communication Corp.	_	
<020>	Program Year	2019		
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman	<u> </u>	

2024578815 ext

cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

<035>

<039>

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: <u>D</u>ate 06/25/2019 CERTIFIED ONLINE Signature of Authorized Officer: Carren Walters Printed name of Authorized Officer: Chief Accounting Officer Title or position of Authorized Officer: 9078687025 ext. Telephone number of Authorized Officer: 07/01/2019 618346 Filing Due Date for this form: Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/24/2019 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized vided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Signature of Authorized Agent or Employee of Agent: Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	an be punished by fine or forfeiture under the Communications Act of 1934, 4 18 of the United States Code, 18 U.S.C. § 1001.	7 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Attachments

1	060	(Covera	ge and	l Per	formanc	e Re	port

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002001007 Census 0.0 Yes ΑK 0 0 1.27 0.0 021800002001046 Census 0.0 0 ٥ AK 0.0 Yes Area 021800002001057 Census 0.0 3 Yes 3 ΑK 0.39 0.0 Area Nome 021800002001058 0.0 Census 2.63 Yes AK 0.0 Area 021800002001061 0.0 Census ΑK 1 0.0 0.71 Yes Area Nome 021800002001062 Census 0.0 6 AK 1.27 0.0 Yes Area 021800002001064 AK Census 17 17 4.5 0.0 0.0 Yes 021800002001066 Census AK 25 25 5.99 0.0 Yes 0.0 Nome 021800002001067 Census 1.27 ΑK 0 0 0.0 0.0 Yes Area 021800002001068 Census ΑK 0 0 1.08 0.0 0.0 Yes Area Nome 021800002001070 Census Yes 0.53 0.0 AK 1 0.0 Area Nome 021800002001071 Census 11 Yes 1 1 0.0 AΚ 0.0 Area Nome 021800002001075 Census 0.2 Yes AK 0.0 0.0 Area Nome 021800002001076 Census Yes 3.0 0.0 AK 0.0 Area 021800002001079 Census ΑK 10 10 10 3.26 0.0 0.0 Yes Area 021800002001085 Census 0.61 0.0 Yes ΑK 0.0 Area 021800002001091 Census AK 1.43 0.0 Yes 0.0 Area Nome 021800002001092 Census Area 1 0.0 ΑK 1 0.1 0.0 Yes 021800002001095 Census 1 1 0.23 Yes AK 0.0 0.0 Area Nome 021800002001111 Census 0.0 Yes ΑK 0.05 0.0 Area

> Percentage of Total Population Reached by Service

99

0			

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002001113 Census 0.0 Yes ΑK 150 150 150 1.42 0.0 021800002001114 Census 0.0 15 15 AK 15 0.15 0.0 Yes Area 021800002001115 Census 0.0 19 19 Yes 19 ΑK 0.16 0.0 Area 021800002001118 0.0 Census 0.27 Yes AK 0.0 Area 021800002001123 0.0 Census 1 ΑK 0.0 0.24 Yes Area Nome 021800002001125 Census 0.0 40 40 AK 40 0.68 0.0 Yes Area 021800002001130 AK Census 40 40 0.4 0.0 0.0 Yes 021800002001131 Census AK 32 32 32 0.21 0.0 Yes 0.0 Nome 021800002001132 Census 0.43 ΑK 40 40 40 0.0 0.0 Yes Area 021800002001133 Census ΑK 2.4 24 24 0.09 0.0 0.0 Yes Area Nome 021800002001134 Census Yes 0.11 0.0 AK 9 9 0.0 Area Nome 021800002001135 Census Yes 8 0.0 AΚ 8 0.0 Area Nome 021800002001145 Census 1.86 Yes AK 0.0 0.0 Area Nome 021800002001149 Census Yes 0.26 0.0 37 37 AK 0.0 Area 021800002001150 Census ΑK 23 23 23 0.11 0.0 0.0 Yes Area 021800002001151 Census 21 0.13 0.0 Yes ΑK 21 21 0.0 Area 021800002001152 Census AK 19 19 19 0.07 0.0 Yes 0.0 Area Nome 021800002001153 Census Area 33 33 0.0 ΑK 33 0.07 0.0 Yes 021800002001154 Census 5 5 0.21 Yes AK 0.0 0.0 Area Nome 021800002001155 Census 21 21 0.0 Yes 21 ΑK 0.14 0.0 Area

> Percentage of Total Population Reached by Service

99

Percentage of Total Road Miles covered by Service 0

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002001156 Census 23 23 23 0.0 Yes ΑK 0.07 0.0 021800002001159 Census 0.0 25 25 25 AK 0.07 0.0 Yes Area 021800002001160 Census 0.0 21 21 Yes 21 ΑK 0.07 0.0 Area 021800002001161 0.0 Census 15 15 0.07 Yes AK 0.0 Area 021800002001163 0.0 Census ΑK 36 36 36 0.0 0.12 Yes Area Nome 021800002001164 Census 0.0 35 35 AK 35 0.12 0.0 Yes Area 021800002002006 AK Census 91 91 0.21 0.0 0.0 Yes 021800002002013 Census AK 1.49 0.0 Yes 0.0 Nome 021800002002014 Census 0.26 ΑK 11 11 0.0 0.0 Yes Area 021800002002016 Census ΑK 2 2 3.53 0.0 0.0 Yes Area Nome 021800002002037 Census Yes 57 0.49 0.0 AK 57 57 0.0 Area Nome 021800002002039 Census 32 Yes 32 32 0.0 AΚ 0.0 Area Nome 021800002002050 Census 0.95 Yes AK 0.0 0.0 Area Nome 021800002002054 Census Yes 1.08 0.0 AK 0.0 Area 021800002002058 Census ΑK 79 79 79 1.12 0.0 0.0 Yes Area 021800002002067 Census 11 1.78 0.0 Yes ΑK 11 11 0.0 Area 021800002002070 Census AK 0.57 0.0 Yes 0.0 Area Nome 021800002002074 Census Area 36 36 0.0 ΑK 36 0.24 0.0 Yes 021800002002075 Census 7 Yes AK 7 0.04 0.0 0.0 Area Nome 021800002002076 Census 13 13 0.0 Yes 13 ΑK 0.1 0.0 Area

> Percentage of Total Population Reached by Service

99

Percentage of Total Road Miles covered by Service 0

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

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> Percentage of Total Population Reached by Service

99

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OMB Control No. 3060-1185

<010>	Study Area Code	618346
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<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census Area	021800002002100	27	27	27	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002101	29	29	29	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002102	36	36	36	0.19	0.0	0.0	Yes
AK	Nome Census Area	021800002003003	3	3	3	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003004	29	29	29	0.28	0.0	0.0	Yes
AK	Nome Census Area	021800002003005	32	32	32	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003006	16	16	16	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003007	2	2	2	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003008	15	15	15	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003009	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003010	64	64	64	0.3	0.0	0.0	Yes
AK	Nome Census Area	021800002003011	29	29	29	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003013	21	21	21	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003014	41	41	41	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003015	58	58	58	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003016	54	54	54	0.09	0.0	0.0	Yes
AK	Nome Census Area	021800002003017	23	23	23	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003018	54	54	54	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003019	19	19	19	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002003021	19	19	19	0.07	0.0	0.0	Yes

Percentage of **Total Population** Reached by Service

99		

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<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<141>

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census	021800002003022	58	58	58	0.16	0.0	0.0	Yes
AK	Area Nome Census Area	021800002003023	44	44	44	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003024	12	12	12	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003025	12	12	12	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002003026	50	50	50	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002003028	5	5	5	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004000	44	44	44	0.29	0.0	0.0	Yes
AK	Nome Census Area	021800002004001	12	12	12	0.43	0.0	0.0	Yes
AK	Nome Census Area	021800002004002	23	23	23	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004003	28	28	28	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002004005	20	20	20	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002004006	25	25	25	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002004007	61	61	61	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004009	37	37	37	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004010	40	40	40	0.15	0.0	0.0	Yes
AK	Nome Census Area	021800002004011	85	85	85	0.17	0.0	0.0	Yes
AK	Nome Census Area	021800002004013	46	46	46	0.05	0.0	0.0	Yes
AK	Nome Census Area	021800002004014	11	11	11	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004015	24	24	24	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004016	15	15	15	0.1	0.0	0.0	Yes

Percentage of **Total Population** Reached by Service

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census Area	021800002004017	69	69	69	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004018	43	43	43	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004019	30	30	30	0.05	0.0	0.0	Yes
AK	Nome Census Area	021800002004020	10	10	10	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004021	172	172	172	0.23	0.0	0.0	Yes
AK	Nome Census Area	021800002004022	24	24	24	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004023	31	31	31	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002004024	14	14	14	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002004025	53	53	53	0.15	0.0	0.0	Yes
AK	Nome Census Area	021800002004026	32	32	32	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004027	16	16	16	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002004028	37	37	37	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004029	39	39	39	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002004030	45	45	45	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002004031	29	29	29	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004032	45	45	45	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004033	58	58	58	0.19	0.0	0.0	Yes
AK	Nome Census Area	021800002004034	41	41	41	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004035	7	7	7	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004036	28	28	28	0.14	0.0	0.0	Yes

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